



No 570

000132

CC-30



General Agreement of Service

Registration Date: 2011/12/13

Surname: LIAU	Employer: KAREE MINE 596
Other Names: JANEVEKE RAPHAEL	Site: KAREE MINE 596
Gender: MALE	BI-1733 No: A0180232
Father's Name: MATIKOANE LIAU	Industry No: A3684444
Mother's Name: MATSIETSI LIAU	TRP No: Expiry Date:
Spouse's Name: 'MASEBOLAI LIAU	Office: MASERU 1316
Chief / Headman: TSEKO - MABELA	Serial Number: 11676 Year: 2011
Country: LESOTHO	Company No: 601551
District: MASERU	Occupation:
Language: SOUTH SOTHO	Passport No: [REDACTED]
Religion: ROMAN CATHOLIC	Passport Expiry Date: 2021/11/23
Home Address: N/A	Identity NO: (Did not Pass validation)
[REDACTED]	Date of Birth: 1967/09/14
[REDACTED]	Marital Status: MARRIED
[REDACTED]	Dependents: 6
Living out / Mine Accommodation: [REDACTED]	Education Std Attained: STD 4/GRADE 6 PASSED
[REDACTED]	Qualification
[REDACTED]	ABET Numeracy Qualification
[REDACTED]	ABET Literacy Qualification
[REDACTED]	Agreement Period (Weeks) : 52
Emergency Contact: 'MASEBOLAI LIAU	Agreement Expiry Date: 2012/12/11
Death Beneficiary: 'MASEBOLAI LIAU	Experience: 458 - EX LEAVE
Beneficiary Relation: WIFE	Industry Certificate No: GEN35507/11
Beneficiary Address: N/A	Type of Employment: Underground
[REDACTED]	Employee's Signature or Mark
[REDACTED]	NOT AVAILABLE
Previous Agreement	
Office: MASERU 1316	
Serial Number: Year 11328 2010	No. of Weeks on last agreement: 52
Date of last discharge: 2011/11/10	
Last Employer: KAREE MINE 596	
Endorsements, Vaccinations etc. Rock driller operator - grp05 - Karee mine	
I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining Industry officials for possible employment.	
The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and Industry number with its own database and, that held by the Department of Home Affairs.	
Capturer: Kekeletso Seisa Date Printed: 2012/08/17 05:17:39 PM	

570





SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

Station/Government Mortuary

Proctor

CAS/CR/Serial No

De 1201

In printing

Identity number an/a adult/minor White/Black/Asian/Coloured

male/female residing at

On

108 2021

State under oath/confirm

at the Government Mortuary

Proctor

I identified the body of a White/Black/Asian/Coloured male/female to medico legal assistant

as being that of

JANEVEKE RAHAEEL LIACU

Particulars of deceased:

- 1. Identity number: [REDACTED]
- 2. Date of birth: 1967/09/14
- 3. Residential address: BEKO - MABELA MABELA LESONO
- 4. Employed at: CAROL MINE
- 5. Relationship to deponent:
- 6. Marital status:
- 7. Name and address of residence/employment of deceased's husband/wife/father/mother/brother/sister/other relative:

The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution.

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

Signature/thumb print/mark

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at Proctor (place) on 108 2021 (date) at (time).

(Signature) Commissioner of Oaths

Full first names and surname

Business address (Street address of Police Station)

Designation (rank)

South African Police Service

Delete and initial words not applicable.



2/10/25
No. 52015

000136



ARCHIVE FOR JUSTICE



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for Bar Code
9999

• Must be completed in black ink (please tick where applicable) SERIAL No:
• Please refer to instructions
FILE No: DR 570/12 DATE: 2012 08 22. A07501070

A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD
Identity number of deceased: []
Surname: LIAM
Maiden Name (If female): []
Forenames: RAPHAEL JANEVELE
Date of birth: 1967 09 14
Age at last birthday: 44 years
Sex: MALE
If death occurred within 24 hours after birth number of hours alive: [] []

MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed
Religious Law Marriage Divorced Customary Marriage
PLACE OF BIRTH (Municipal district or country if abroad):
PLACE OF DEATH (City / Town / Village):
PLACE OF REGISTRATION OF DEATH:
CITIZENSHIP OF DECEASED:

B PARTICULARS OF INFORMANT
Identity number: []
Initials and Surname: []
Relationship to deceased: Parent Spouse Child Other kin Other (specify)
Postal address: []
Postal Code: [] [] [] [] [] []
Was the next of kin of the deceased a "smoker" during the past five years? Yes No Refuse to answer
Date: [] [] [] [] [] [] Signature: []
Telephone No.: []

C PARTICULARS OF FUNERAL UNDERTAKER
Initials and Surname: []
ID No.: []
Place of burial / cremation:
Date: [] [] [] [] [] [] Signature: []
Office Stamp of Funeral Undertaker

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE
I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.
Initials and Surname: []
Date Signed: [] [] [] [] [] [] Signature: []
Postal address: []
Postal Code: [] [] [] [] [] [] SAMDC / SANC Reg. No.: []

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST
I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:
Natural (Cause of Death as indicated in Section G) Unnatural Under investigation
Initials and Surname: KK HLAISE
Place of post-mortem: CARANKWA Date: 2012 08 22
Mortuary reference: DR 570/2012 Date signed: 2012 08 22
Signature: []
Postal address: 6543 KOTLENGA STR
CARANKWA
Postal Code: 0208 SAMDC Reg. No.: 0363049-

E FOR OFFICIAL USE ONLY
Registration of Death approved and Burial Order issued: []
Initials and Surname or Registrar: []
Force No./ Designation No.: []
Postal address: []
Postal: []
Personal No.: []
Office Stamp





NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)

Space for Bar Code 000138

Must be completed in black ink (please tick [X] where applicable) SERIAL No. FILE No. DE 570/12 DATE: 2012 08 22. AO-7501070

A PARTICULARS OF DECEASED INDIVIDUAL [X] / STILLBORN CHILD Identity number, Surname: LIAM, Maiden Name, Forenames: EDYHAEL JONEVELE

Date of birth: 1967 09 14, Age at last birthday: 44 years, Sex: MALE

MARITAL STATUS OF DECEASED Single [X], Civil Marriage, Living as married, Widowed, Religious Law Marriage, Divorced, Customary Marriage

PLACE OF BIRTH, PLACE OF DEATH, P) THE REGISTRATION OF DEATH, C) CENSUSHIP OF DECEASED

Left thumb print of deceased

I PARTICULARS OF INFORMANT Identity number, Initials and Surname, Relationship to deceased, Postal address, Was the next of kin of the deceased a smoker during the past five years?

Left thumb print of informant, Dialling Code, Telephone No.

C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname, Designation No., Date, Signature

Office Stamp of Funeral Undertaker

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES.

Postal address, Postal Code, SAMDC / SANC Reg. No.

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is: Natural (Cause of Death as indicated in Section G) [X] Unnatural [X] Under investigation [X]

Postal address: G542 ECOTLENCI STR GARANKUWA, Postal Code: 0208, SAMDC Reg. No: 0363049

E FOR OFFICIAL USE ONLY Registration of Death approved and Burial Order issued, Initials and Surname of Registrar, Force No./ Designation No., Peral No., Date, Signature

Office Stamp

* Someone who smokes tobacco on most days



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

000139

83/BI - 1663
Page 2

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion *seal* to ensure confidentiality)

Space for Bar Code

• Must be completed in black ink (please tick where applicable) SERIAL No: **AO 7501070**
 • Please refer to instructions
 FILE No: **2570/12** DATE: **2012-08-22**

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH
 1. Hospital: (Inpatient ER / Outpatient DOA)
 2. Nursing Home 3. Home
 4. Other (Specify)

FACILITY NAME:
 (If not an institution, give street name and number.....)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number

Name of Plot, Farm, etc.

St. / Village

T. / City

Province / Country

Postal Code

Magisterial district

Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired".)

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) <u>PERFORATING GUNSHOT WOUND UNKNOWN</u> Due to (or a consequence of) <u>TO THE CHEST.</u> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) (c) _____ Due to (or a consequence of) _____ (d) _____ Due to (or a consequence of) _____	Approximate interval between onset and Death (Days / Months / Years)	FOR OFFICE USE ONLY ICD-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--	--

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? () Yes No

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify)

Method of ascertainment of cause of death:

1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty
 4. Opinion of registered professional nurse 5. Interview of family member
 6. Other (Specify)

Someone who smokes tobacco on most days

S.A.I.A.

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

000140

83/BI - 1663
Page 2

(After completion *seal* to ensure confidentiality)

Space for Bar Code

• Must be completed in black ink (please tick where applicable) SERIAL No:

• Please refer to instructions
FILE No: 08570/12 DATE: 2012-08-22 **A07501070**

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH 1. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. Home
4. Other (Specify)

FACILITY NAME:
(If not an institution, give street name and number)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number

of Plot, Farm, etc.

Suburb / Village

Town / City

Province / Country

Postal Code

Magisterial district

Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
------	-----	-----	-----	-----	-----	-----	-----	---------------	---------------	------------------------	------------------------	------------------------	--------------	------

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired"). TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval
between onset and Death
(Days / Months / Years)

FOR OFFICE
USE ONLY
ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) FEL FOR ATING C. UNK. HOT WOUND UNKNOWN

Due to (or a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) (b) TO THE CHEST.

Due to (or a consequence of)

(c)

Due to (or a consequence of)

(d)

Due to (or a consequence of)

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

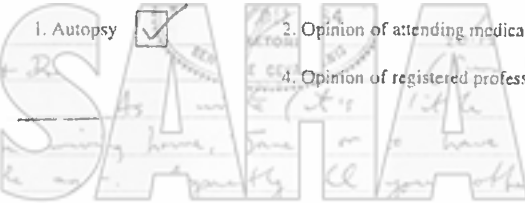
If a female, was she pregnant 42 days prior to death? () Yes No

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify)

Method of ascertainment of cause of death:

1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty
4. Opinion of registered professional nurse 5. Interview of family member



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DR57E/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MCHIKATE declare under oath:-

000141

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-22 I received the following exhibit (s): TOXICOLOGY

From F.O. MCHIKATE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF: TX 2435/12 - TX 2438/12

The POX was sealed with the official seal no TXPO0136

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S--F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 Molly Makhoma C.F.O

NAME : MAYLOW ZACHARIA MOLOTO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. M. Molofo declare under oath:-

000142

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 27/09/12 I received the following exhibit (s): TRIPLOG

From DR F. O. V. Molofo

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 27/09/12 I handed the above exhibit (s) to the REF: TX 2435/12 = TX 2438/12 officer

The TRIPLOG was sealed with the official seal no TRIPLOG

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S.F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date 2012/09/12 [Signature] M. Molofo
C.F.O.

NAME : MATLOU ZACHARIA MOLOFO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AE 572/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MAALIPERA declare under oath:-

000143

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-22 I received the following exhibit (s): ALC

From ~~DR~~ FD MOKAKANE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LABORATORY officer

REF: PM 3839/12

The ALC was sealed with the official seal no Pmk 070591

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Eph S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 Muy M2 M 02070
C.F.O

NAME :
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
 RANK :



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO:.....12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, DR F.D. M. Kuyere declare under oath:-

000144

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-09-10 I received the following exhibit (s): AKK

From DR F.D. M. Kuyere

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-09-10 I handed the above exhibit (s) to the REF: P-2371 officer

REF: P-2371

The AKK was sealed with the official seal no 2012/09/10

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature]-----S--F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 [Signature] C.F.O

NAME :
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
 RANK :



17 2435/12 17 2438/12

Post Mortem Toxicology Referral Form (PLEASE PRINT CLEARLY IN ENGLISH)

Mortuary Reference (DR, PM or WC)	PHOKENG 570/12	Priority Status:	Urgent	<input checked="" type="checkbox"/>	Routine	<input type="checkbox"/>	000145
Case number	137/08/12	If URGENT , please provide reason					
SAPS station	MARIKANA						
Date of specimen collection	2012/08/27						
Time of specimen collection	15:15						
Date of death							

Was the deceased hospitalized before his/her death? Yes No

If **YES**, please indicate the following:

Length of hospitalization:

Were toxicological analysis performed on blood in hospital? Yes No Unsure

If **YES**, please list results:

Were any drugs administered during admission in hospital? Yes No Unsure

If **YES**, please list drugs:

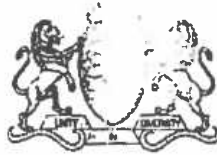
Clinical History	Age	Race	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
Circumstance of death:	Suicide	Homicide	Unknown	Other

Please provide relevant facts in the history

Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

DEPT. OF JUSTICE
27 AUG 2012
15:15
MARIKANA





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 570/12

AFFIDAVIT IN TERMS OF SECTION 21(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTI declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22 I received the following Bullet(s) from P. MOGAKANE

1. **One bullet with Official seal no (PA6000201815F)**

While the bullet(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012/08/28 I handed the above bullet(s) to SAPS Photographer

No 7184464-3 Rank Constable Name M.S. Moseony

M.S. Moseony
7184464-3
CST
SIGNATURE OF P/OFFICER

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

M. Moloti
Signature of Chief Forensic Officer

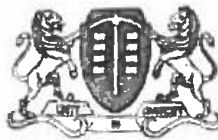
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS
Date: 2012/08/28

Lucas Mena Mwa Mhlangu
(Signature)

NAME : LUCAS MENA MWA MAHLANGU
 ADDRESS : 6543 KGOTLE STREET, GARANKUWA
 RANK : ASSISTANT DIRECTOR





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 570/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22

I received the following sample(s) from F.O. ...

One DNA swab specimen(s)

While the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012 / 08 / 30 I handed the above specimen(s) to the investigating officer
No 90646310 Rank P/Investigator Name Erence Morkung

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486911)

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS
Date: 2012 / 08 / 30

(Signature)

NAME : LUCAS MENZELWA MAHLANGU
 ADDRESS : 6543 KGOTLENG STREET, GARANKUWA
 RANK : ASSISTANT DIRECTOR



G.P.S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000148

AND

AFFIDAVIT IN TERMS OF SECTION 212(4), ACT 51 OF 1977, AS AMENDED

I, ZWITWABU SHARON LUKHOZI

BSc, MBChB (MEDUNSA) Dip. For. Med (SA) Path, FC For. Path,

Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204

Tel No.: (012) 5215638, Fax No.: (012) 5600161

state under oath:

I am in the service of the Government as a **Medical Specialist** in the Department of Forensic Pathology at the University of Limpopo (MEDUNSA Campus).

1. At the Ga-rankuwa Medico-legal Laboratory (Mortuary), on **August 21, 2012** commencing at 08:30, I examined the body of **AN ADULT BLACK MALE** marked **DR571/2012**. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
2. The body marked DR571/2012 was identified to me by P T Sekhuthe of Phokeng FPS.
3. Death as informed, occurred on August 16, 2012, at ±16:00.
4. **The chief post-mortem findings made by me on the body were:**

An adult black male with a distant gunshot entrance wound below the right eye, with associated fracture through the base of skull and injury of the left hemisphere of the brain. An associated large gunshot exit wound is present on the left parietal-temporal aspect of skull. No projectile is recovered during autopsy.

5. That as a result of my observations I concluded that the **cause of death was:**

PERFORATING GUNSHOT WOUND THROUGH THE HEAD WITH SKULL AND BRAIN INJURY

SCHEDULE OF OBSERVATIONS:

GENERAL

1. **Height:** 1.67m **Mass:** 45kg
Physique: Thin **Nutrition:** Good
2. **Special identifying features:** There is a 2 cm diameter round scar on the left anterior thigh.
3. **Secondary post-mortem changes:** The body is mechanically cooled, there are early decompositional changes.
4. **External appearance of body and condition of limbs:** see attached annexure A
 1. At the commencement of autopsy the deceased is dressed in grey sweater, black polo neck, black and cream striped T-shirt, black T-shirt, black striped pants, black shoes, black socks, green and black underpants, red tie used as a belt. A red towel covers the chest.
 2. A 1 x 1 cm distant gunshot entrance wound with a collar of abrasion is present on the zygomatic aspect the face ± 2cm below the right eye. There is associated gunshot injury to base of skull and brain. A massive associated 4 X 3 cm irregular gunshot exit wound is also present on the left side of the parieto-temporal aspect of the scalp 4cm above the pinna of the left ear.
 3. The trajectory of the projectile is from right side of the face to the left parieto-temporal aspect of the head with associated skull and brain injury.
 4. There are recent traditional healer marks on the anterior chest.

HEAD AND NECK

5. **Skull:** There is massive comminuted fracture of the base of skull which is severe on the left frontal aspect. A large gunshot skull defect measuring 4 x 3 cm is present on the left parieto-temporal aspect of the skull and scalp.
6. **Brain:** There is a diffuse subdural haemorrhage. A gunshot laceration is present of the left basal aspect of brain. Extensive cortical contusions are present on the right basal aspect of brain.
7. **Orbital, nasal and aural cavities:** Intact, not dissected.
8. **Mouth, tongue and pharynx:** There are no abnormalities noted.
9. **Neck structures:** There are no abnormalities present.

CHEST

10. **Thoracic cage and diaphragm:** The ribs and sternum are intact. The diaphragm is intact.
11. **Mediastinum and oesophagus:** Oesophagus is intact and shows no

macropathology. Mediastinum is unremarkable.

12. **Trachea and bronchi:** There is blood present.
13. **Pleurae and lungs:** Intact with anthracosis, background decomposition and autolytic change. Fibrous plaques are noted on the visceral pleural of both lungs.
14. **Heart and pericardium:** The pericardium, myocardium, valves and major coronary vessels are within normal limit.
15. **Large blood vessels:** There is no abnormality present.

ABDOMEN

16. **Peritoneal cavity:** There are no abnormalities present.
17. **Stomach and contents:** Intact and empty.
18. **Intestines and mesentery:** Autolytic and decomposition change. Show no abnormalities on external examination. The intestine was not opened.
19. **Liver, gall-bladder and biliary passages:** Intact with no injury background decomposition/autolytic change.
20. **Pancreas:** Intact with no injury, with autolytic/ decomposition change.
21. **Spleen:** Intact with no injury, with autolytic decomposition change.
22. **Adrenals:** Unremarkable.
23. **Kidneys and ureters:** Intact and pale with autolytic change.
24. **Urinary bladder and urethra:** Intact and small amount of clear urine.
25. **Pelvic walls:** Intact with no fractures.
26. **Genital organs:** Normal male genitalia.

SPINE

27. **Spinal column:** Intact with no fractures
28. **Spinal cord:** Not exposed.

SPECIMENS SENT FOR FURTHER INVESTIGATION

- Blood for alcohol content determination was withdrawn from the femoral vessels with a syringe and transferred to a bottle which had been removed from a polystyrene container, after a string with a metal seal no PMK071152 was cut. Both the tube and the container were marked DR571/2012. After placing the bottle into

the polystyrene container, the container was resealed with a new piece of string and a metal seal no PMK071151 and handed to B Mogakane of Garankuwa FPS

- Buccal swap for DNA taken with seal no PA5000686902 and handed B Mogakane of Garankuwa FPS
- Lung and heart block removed for further examination and handed to B Mogakane of Garankuwa FPS

TOXICOLOGY

The stomach and contents, liver, urine and blood were placed in a plastic box marked DR571/2012 and sealed with seal no. TX001198. The box was handed to B Mogakane of Garankuwa FPS

ADDITIONAL OBSERVATIONS

No projectiles recovered during autopsy.


The following persons are present at this autopsy session:

- Const N N Khonza from Brits LCRC.
- Colonel Botha from Ballistics Silverton Pretoria.
- Chris Vorster from IPID

The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution.

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.



ZWITWABU SHARON LUKHOZI

Medical Specialist

BSc, MBChB (MEDUNSA) Dip. For. Med (SA) Path, FC For. Path,

Place : Ga-Rankuwa FPS

Date : 19/09/2012

I certify that the deponent has acknowledged that he knows and understands the contents of this declaration which was sworn to before me and the deponent's signature was placed thereon in my presence.

MM/1706070
COMMISSIONER OF OATHS

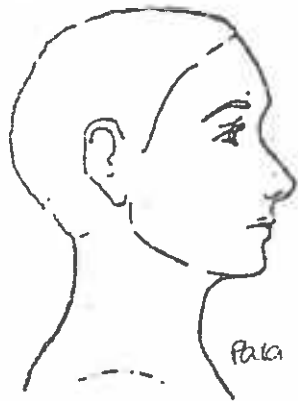
Full Name (in BLOCK letters): MAYLO ZACHARIA MOLOTO

Business Address (In BLOCK Letters): 6543 Kgatleng Street
Zone 5
Ga-rankuwa
0208

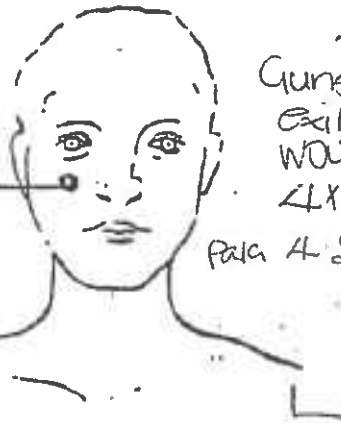
Designation (Rank): CFo

ABM

000151



Gunshot
entrance
wound
1x1cm
Page 4.2

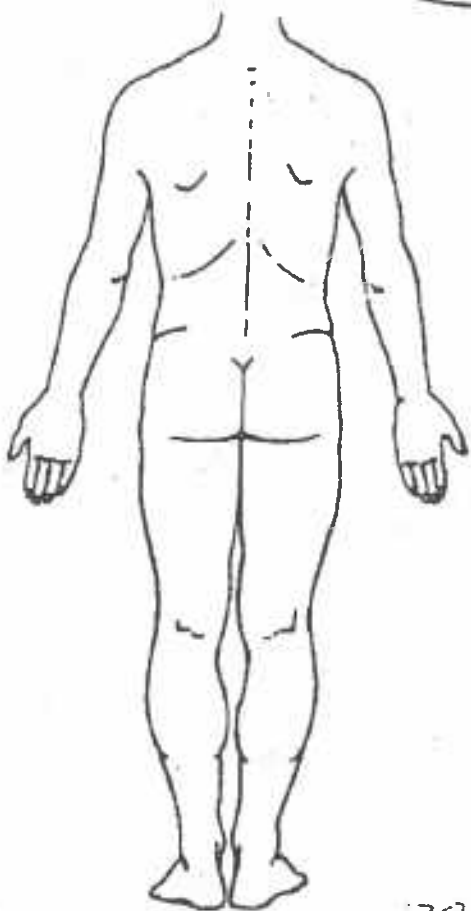
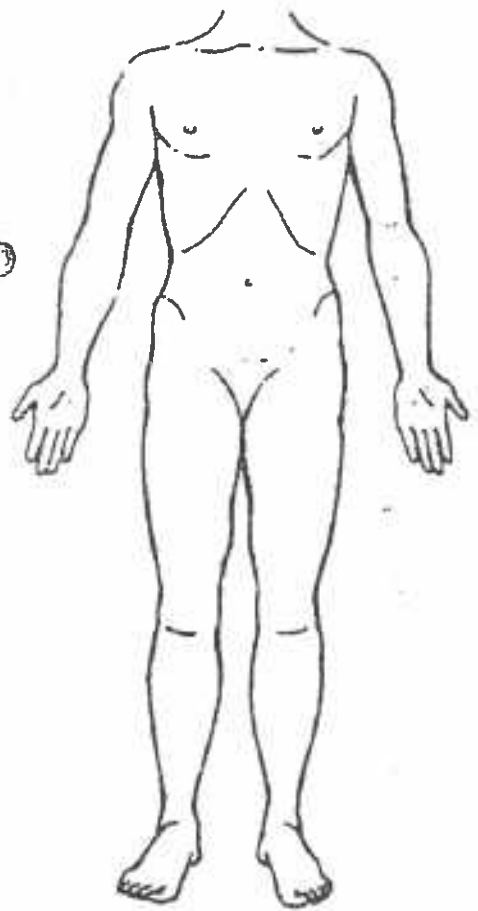
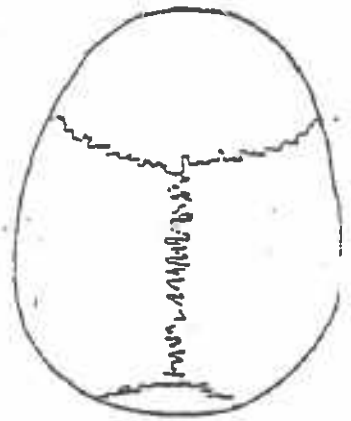
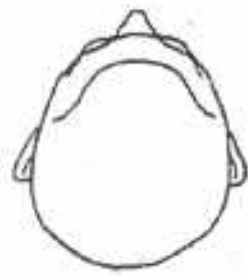
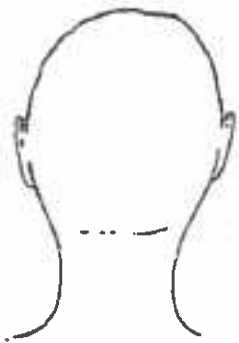
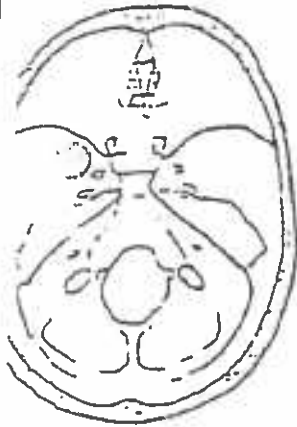


Page 4.2

000151
Gunshot
exit
wound
4x3cm

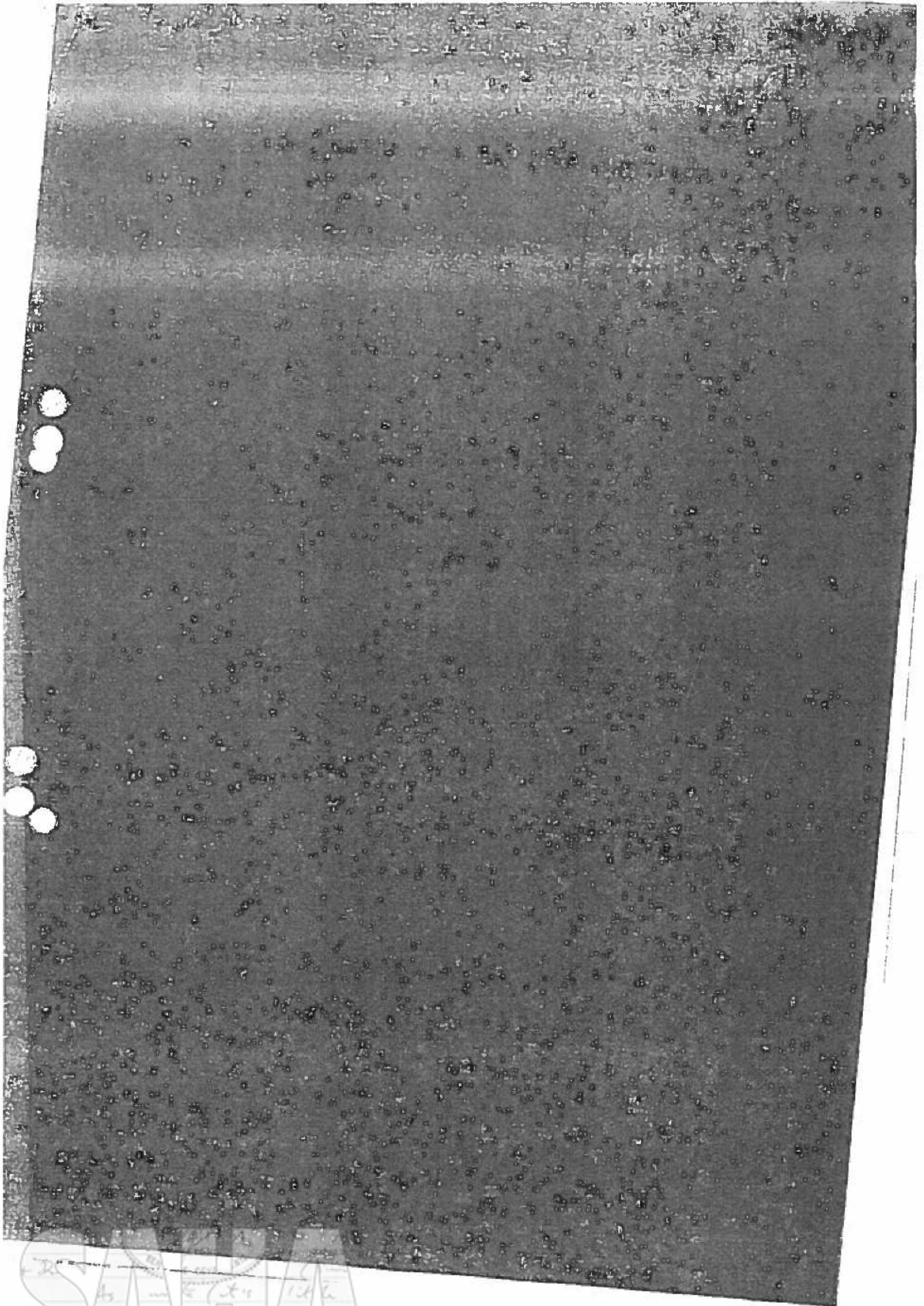


R



282







000153

POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL
POLICE REPORT ACCOMPANYING BODY TO MORTUARY

1/2

SAPD 13 Nr Lyk Nr
 SAPS 13 No Body No. *De 57112*

Naam van lid/persoon van wie lyk ontvang word
 Name of member/person from whom body is received

Nommer, rang en naam van lid wat lyk ontvang
 Number, rank and name of member receiving body

Volle naam en adres van oordedene
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
--------------	--	----------------	----------------	--	-------------------

In iewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

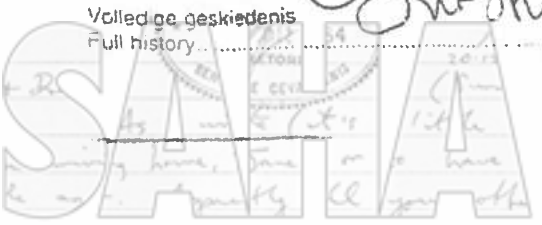
Datum en tyd van dood *20/08/16* Plek van dood *KONDELOOP*
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

<input type="checkbox"/> Motorbotsing Motor accident	<input type="checkbox"/> Bestuurder Driver	<input type="checkbox"/> Passasier Passenger	<input type="checkbox"/> Voetganger Pedestrian	<input type="checkbox"/> Fietsryer Cyclist	<input type="checkbox"/> Motorfietsryer Motorcyclist	
<input type="checkbox"/> Selfmoord Suicide	<input type="checkbox"/> Vuurwapen Fire-arm	<input type="checkbox"/> Opgehang Hanging	<input type="checkbox"/> Pille Pills	<input type="checkbox"/> Vergas Gassed	<input type="checkbox"/> Van gebou afgespring Jumped from building	<input type="checkbox"/> Ander Other
<input type="checkbox"/> Ander Other	<input type="checkbox"/> Van gebou geval Fell from building	<input type="checkbox"/> Met vuurwapen gedood Killed with fire-arm	<input type="checkbox"/> Met mes/voorwerp gestek Stabbed with knife/object	<input type="checkbox"/> Vergiftig Poisoned		
<input type="checkbox"/> Sterf onder narkose Died under anaesthetic	<input type="checkbox"/> Skielike dood sonder mediese geskiedenis Sudden death without medical history	<input type="checkbox"/> Sterf in aanhouding Died in custody				

Volledige geskiedenis
Full history

Handwritten signature



DR571/12

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. [REDACTED]

S.A. CITIZEN

SURNAME
MOSEBETSANE

FORENAMES
THABISO

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1968-02-07

DATE ISSUED
2011-06-09

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



000154



ARCHIVE FOR JUSTICE



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

000155

83/BI - 16

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

In terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for Bar Code



9999

Must be completed in black ink (please tick where applicable)

SERIAL No: A07501071

Please refer to instructions

FILE No:

DATE:

A PARTICULARS OF DECEASED INDIVIDUAL / **STILLBORN CHILD**

Identity number of deceased

Surname

Maiden Name (If female)

Forenames

Date of death

Date of birth

Age at last birthday years

Sex

If death occurred within 24 hours after birth number of hours alive

MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed
 Religious Law Marriage Divorced Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad)

PLACE OF DEATH (City / Town / Village)

REGISTRATION OF DEATH

CITIZENSHIP OF DECEASED



B PARTICULARS OF INFORMANT

Identity number

Initials and Surname

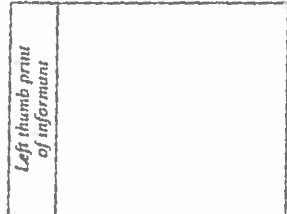
Relationship to deceased Parent Spouse Child Other kin Other (specify)

Postal address

Postal Code

Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer

Date Signature



Dialling Code

Telephone No.

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname

Registration No. Place of burial / cremation

Date Signature

Office Stamp of Funeral Undertaker

D. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.

I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes

Initials and Surname

Date Signed Signature

Postal address

Postal Code

SAMDC / SANC Reg. No.

1.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:

Natural (Cause of Death as indicated in Section G) Unnatural Under investigation

Initials and Surname

Date of post-mortem

Date signed Signature

Postal address

Postal Code

SAMDC Reg. No.

(FOR OFFICIAL USE ONLY)

Registration of Death approved and Burial Order issued

Initials and Surname of Registrar

Force No / Designation No.

Persul No

Office Stamp

Handwritten signatures and stamps, including a large 'A' stamp and a signature that appears to say 'Springer'.



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for Bar Code

* Must be completed in black ink (pi. use tick when applicable) SERIAL No:

* Please refer to instructions

FILE No: _____ DATE: **A07501771**

A PARTICULARS OF DECEASED INDIVIDUAL <input type="checkbox"/> / STILLBORN CHILD <input type="checkbox"/>		Date of birth
Identity number of deceased	Date of death	
Surname		Age at last birthday _____ years
Maiden Name (If female)		Sex _____
Forenames		If death occurred within 24 hours after birth number of hours alive _____

MARITAL STATUS OF DECEASED Single <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Living as married <input type="checkbox"/> Widowed <input type="checkbox"/> Religious Law Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Customary Marriage <input type="checkbox"/>		Left thumb print of deceased
PLACE OF BIRTH (Municipal district or country if abroad)		
PLACE OF DEATH (City / Town / Village)		

B PARTICULARS OF INFORMANT		Left thumb print of informant
Identity number	Initials and Surname	
Relationship to deceased Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other kin <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Postal address	
Postal Code	Dialling Code	
Was the next of kin of the deceased a smoker* during the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse to answer <input type="checkbox"/>		Telephone No.
Date	Signature	

C PARTICULARS OF FUNERAL UNDERTAKER		Office Stamp of Funeral Undertaker
Initials and Surname	Designation No.	
Date	Signature	

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE		Postal address
I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G. <input type="checkbox"/>		Postal Code
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes. <input type="checkbox"/>		
Initials and Surname	Date Signed	SAMDC / SANC Reg. No.
	Signature	

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST		Postal address
I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:		Postal Code
Natural (Cause of Death as indicated in Section G) <input type="checkbox"/> Unnatural <input type="checkbox"/> Under investigation <input type="checkbox"/>		
Initials and Surname	Date	SAMDC Reg. No.
Place of post-mortem	Date signed	
Signature		

FOR OFFICIAL USE ONLY		Office Stamp
Registration of Death approved and Burial Order issued	Initials and Surname of Registrar	
Postal address	Force No./ Designation No.	
Postal code	Persal No.	
Date	Signature	

Person who smokes tobacco on most days _____



FOR MEDICAL AND HEALTH USE ONLY
(After completion seal to ensure confidentiality)

Space for Bar Code

Must be completed in black ink (please use blue ink where appropriate) SERIAL No: A07501071
FILE No: DATE:

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased
Identity number
PLACE OF DEATH: 1. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. Home 4. Other (Specify)
FACILITY NAME:
USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)
Street name and number
Name of Plot, Farm, etc.
Suburb / Village
Town / City
Province / Country
Postal code
Municipal district
Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
------	-----	-----	-----	-----	-----	-----	-----	---------------	---------------	------------------------	------------------------	------------------------	--------------	------

USUAL OCCUPATION OF DECEASED: give type of work done during most of working life. Do not use "retired".
TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.): Refer to instructions.

Was the deceased a smoker* five years ago? () Yes () No () Do not know () Not applicable (minor) ()

MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Due to (or a consequence of)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) (b) Due to (or a consequence of)
(c) Due to (or a consequence of)
(d) Due to (or a consequence of)
PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1
If a female, was she pregnant 42 days prior to death? () Yes () No
stillborn, please write mass in grams
You consider the deceased to be: African () White () Indian () Coloured () Other () (Specify)
Method of ascertainment of cause of death:
Autopsy () 2. Opinion of attending medical practitioner () 2. Opinion of attending medical practitioner on duty ()
4. Opinion of registered professional nurse () 5. Interview of family member ()
Other () (Specify)

FOR OFFICE USE ONLY
ICD-10

* who smokes tobacco on most days
Government Printing Works Ltd. (012) 334-4500



FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Application Bar Code

Must be completed in black ink (pencil not where applicable) SERIAL No:

000158

Please refer to instructions

FILE No: DATE:

A07501071

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH 1. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. Home 4. Other (Specify)

FACILITY NAME (If not an institution, give street name and number)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number, Name of Plot, Farm, etc., Suburb / Village, Town / City, Province / Country, I Code, Postal district, Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

Table with columns: None, Gr1, Gr2, Gr3, Gr4, Gr5, Gr6, Gr7, Gr8 Form 1, Gr9 Form 2, Gr10 Form 3 NTC1, Gr11 Form 4 NTC2, Gr12 Form 5 NTC3, Univ Tech, CODE

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired"). TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Due to (or a consequence of) (b) Due to (or a consequence of) (c) Due to (or a consequence of) (d) Due to (or a consequence of)

ICD-10 code boxes

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

Female, was she pregnant 42 days prior to death? () Yes No

Weight, please write mass in grams

Consider the deceased to be: African White Indian Coloured Other (Specify)

Method of ascertainment of cause of death:

- 1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty 4. Opinion of registered professional nurse 5. Interview of family member

(Specify) smokes tobacco on most days



000159



ARCHIVE FOR JUSTICE

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: A2571/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MADUPELA declare under oath:- 000150

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-21 I received the following exhibit (s): ALC

From DR FR MCGAKANE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LABORATORY officer

REF: Pm 3834/12

The ALC was sealed with the official seal no Link 071151

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 [Signature] MOLOTO
C.F.O

NAME : MATLOU ZACHARIA MOLOTO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



AFFIDAVIT IN TERMS OF SECTION 212(b), ACT 51 OF 1977 AS AMENDED:

I, F. M. Mokoena declare under oath:- 000151

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-02-27 I received the following exhibit (s): AKC

From DR F. C. Mokoena

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-02-27 I handed the above exhibit (s) to the REFI officer REFI Pm 39341

The AKC was sealed with the official seal no POL 071151

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa [Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS
Date: 2012/09/10 [Signature] C.F.O

NAME : Mphahlele Zachariah Mokoena
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK : CHIEF FORENSIC OFFICER



2441/12

Post Mortem Toxicology Referral Form (PLEASE PRINT CLEARLY IN ENGLISH)

Mortuary Reference (DR, Pst or WOT) **PHOKENG**
571/12

Priority Status: Urgent Routine

Case number **137/08/12**

If URGENT, please provide reason **000152**

SAPS station **MARIKATA**

Date of specimen collection **2012/08/21**

Time of specimen collection **14:25**

Date of death

Was the deceased hospitalized before his/her death? Yes No

If YES, please indicate the following:

Length of hospitalization:

Were toxicological analysis performed On blood in hospital? Yes No Unsure

If YES, please list results:

Were any drugs administered during admission in hospital? Yes No Unsure

If YES, please list drugs.

N/A

Clinical History	Age	49 yrs	Race	Black	Sex	Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>
Circumstance of death:	Suicide	<input type="checkbox"/>	Homicide	<input type="checkbox"/>	MVA	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other

Please provide relevant facts in the history

Swat of wound and ? history of muthi intake

Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

None

DEPARTMENT OF JUSTICE
 SOUTH AFRICA

21 AUG 2012

DEPARTMENT OF JUSTICE
 SOUTH AFRICA



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO. AR 57/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MASHUPELA declare under oath:- 000153

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith, and on 2012-08-21 I received the following exhibit (s): TOXICOLOGY

From F.O. MASHUPELA

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the L.A.S. officer

REF: Tx 2439/12 - Tx 2439/12

The Tx was sealed with the official seal no. Tx 0.01198

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa, FPS
Date: 2012/09/10

M.M. MOLA
C.F.O.

NAME : MASHUPELA ZACHARIA MOLA
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
 RANK : CHIEF FORENSIC OFFICER



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 2012/09/11

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, C. P. M. S. KUPELA declare under oath:-

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-09-21 I received the following exhibit (s): Toxicology

From DR. M. M. M. E

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-09-27 I handed the above exhibit (s) to the L. officer

REF: Tx 2459/12 - Tx 2437/12

The Tx was sealed with the official seal no TX 2459/12

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

-----S--F.O.

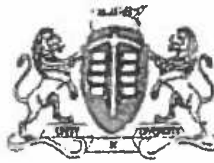
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/11

M. M. M. M. M. O. M. O. M. O. M. O. M. O. M. O.
-----C.F.O

NAME : MATLOU ZACHARIA MOLOTO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK : CHIEF FORENSIC OFFICER



Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 571/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22

I received the following sample(s) from F...O...M...O...P...E...L...I...S...E

One DNA swab specimen(s)

While the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 20 08 20 I handed the above specimen(s) to the investigating officer

No 90644110 Rank P Investigator Name Franco Mefany

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486902)

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature]
Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 20/8/2012

[Signature]
(Signature)

NAME : LUCAS MENZELWA MAHLANGU
 ADDRESS : 6543 KGOTLENG STREET, GARANKUWA
 RANK : ASSISTANT DIRECTOR



G.P.-S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000166

AND

AFFIDAVIT IN TERMS OF SECTION 212(4), ACT 51 OF 1977, AS AMENDED

I, KEVEN KHAZAMULA HLAISE, (MBChB, DTM&H, Cert. Med & Law, Dip. For Med, FC For. Path. Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204. Tel No.: (012) 5214311, Fax No.: (012) 5600161),

State under oath:

I am in the service of the Government as a Head of Clinical Unit (Medical) at Ga-Rankuwa FPS and Acting HOD/Senior Lecturer in the Department of Forensic Pathology at the University of Limpopo (MEDUNSA Campus).

1. At the GA-RANKUWA Medico-legal Laboratory (Mortuary), on August 22, 2012 commencing at 15h45, I examined the body of a **BLACK MALE ADULT** marked DR No. PHOKENG 572/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
2. The body marked DR No. PHOKENG 572/2012 was identified to me by Mr. P. T. Sekhute (Persal Number 05219787), a facility manager at Phokeng FPS.
3. Death, as informed, occurred on August 16, 2012. The time of death is unavailable.
4. The chief post-mortem findings made by me on the body were:
 1. *A single perforating and shattering bullet wound through the right side of the head, entering in the middle of the back of the head, perforating and shattering the skull, the right occipital and temporal lobes of brain, the floor of the right posterior and middle cranial fossae and terminating within the soft tissues of the right side of face at level of the right eye where two bullet fragments were recovered. No signs of range of fire were present on clothes and wound. The features of this wound are consistent with those caused by a high velocity firearm.*
 2. *Two parallel fresh scarification marks on torso and limbs, mostly on joint areas.*
 3. *No other forms of injury other than the gunshot wound.*
 4. *Early decomposition present.*
 5. *Relevant specimens and exhibit collected are detailed at the end of this report.*
 6. *SAP stated that the deceased was shot.*
5. That as a result of my observations I concluded that the cause of death was:

GUNSHOT WOUND OF THE HEAD

KHL



SCHEDULE OF OBSERVATIONS:

000/66(a)

GENERAL

- | | | | |
|------------|--------|------------|----------------------------|
| 1. Height: | 1.8 m | Mass: | 70.4 kg |
| Physique: | Normal | Nutrition: | Adequate, see paragraph 4. |
2. **Special identifying features:** Adult black male with a scar on right knee and a copy of identity document shows him to be Mr Mafolisi Mabiya, approximately 28 years old. At the commencement of the autopsy the deceased is wearing a pink bed sheet rapped around the neck and chest; a grey-black 'GISBORN EST 67' top; 'Kaizer Chiefs Vodacom' t-shirt; blue denim; orange 'Jockey' underpants; brown socks and a pair of 'Adidas' neon green and black sneakers. The denim is torn anteriorly at the knees and is bloodstained. There are no bullet holes of the clothes noted.
3. **Secondary post-mortem changes:** Body refrigerated. Flaccidity is present. There is early autolysis of all internal organs.
4. **External appearance of body and condition of limbs:**
- 4.1. (**Wound A**): There is a 0.5 cm x 0.5 cm round-shaped penetrating bullet wound with a collar of abrasion in the middle of the back (occiput) of the head, 7 cm above the occipital hairline. There are no signs of range of fire on wound. This wound is consistent with an entrance wound.
 - 4.2. There are two parallel fresh scarification marks on torso and limbs, mostly on joint areas.
 - 4.3. There are no other wounds on skin.
 - 4.4. X-Ray examination was performed before evisceration of organs and showed bullet fragments in a lead snow-storm appearance on the right side of the head with two relatively large bullet fragments lodged on the soft tissues on the right side of face at the level of right eye.
 - 4.5. **Track of wound A:** Wound A perforates and shatters the right side of the head in a back to front, downwards and slightly lateral direction. In its path, it perforates and shatters the middle of the occipital bones, the both occipital and right temporal lobes, the right posterior and middle cranial fossae, and terminates in the soft tissues on the right side of face at the level of right eye where two relatively large bullet fragments were recovered.
 - 4.6. See diagram at the end of the report.
 - 4.7. SAP 180 stated that the deceased was shot.

HEAD AND NECK

5. **Head:** There is diffuse subscalp hemorrhage mostly on the right hemisphere of scalp. There is a perforating and shattering bullet defect of the middle of the occipital bones with inner table beveling associated with extensive comminuted fractures with no outer table soot deposition. There is a relatively gross furrowing bullet perforation through the floor of the right posterior and middle cranial fossae with extensive bone fragmentation

and associated comminuted fractures of right frontal, temporal and occipital bones together with extending crack fractures to the left occipital, parietal and temporal bones. The mandible is intact.

6. **Brain:** There is a perforating and shattering bullet wound through the right occipital and right temporal lobe leaving a large tissue defect associated with extensive lacerations, contusions, hemorrhage and palpable bone fragments within tissues. There is patchy subarachnoid hemorrhage and blood in ventricles. The brain is autolytic with a soft consistency.
7. **Orbital, nasal and aural cavities:** On the right side of the face, at the level of the right eye, two bullet fragments were recovered within the soft tissues, and were packed into a plastic container labeled 'A'.
8. **Mouth, tongue and pharynx:** Intact.
9. **Neck structures:** The neck structures are intact and unremarkable.

CHEST

10. **Thoracic cage and diaphragm:** The ribs and sternum are intact. The diaphragm is intact.
11. **Mediastinum and oesophagus:** Oesophagus is intact and shows no macropathology. Mediastinum is unremarkable.
12. **Trachea and bronchi:** Is intact and shows no macropathology.
13. **Pleurae and lungs:** The lungs are intact but show autolysis with a dark red-brown discoloration and loss in consistency. The lung parenchyma appears congested but intact. Right lung: 480 gram. Left lung: 420 gram
14. **Heart and pericardium:** The heart is intact but autolysis with discoloration. The atria and ventricles are unremarkable. The left ventricle shows no evidence of recent or old ischaemic changes. The heart valves are normal. The coronary arteries have a normal distribution and anatomical position. The coronary ostia occupy a normal anatomical position and are patent. The coronary arteries are widely patent with no significant atherosclerosis present. There is no coronary thrombosis. Mass: 310 gram
15. **Large blood vessels:** The aorta is normal with no significant atherosclerosis present. The carotid arteries are normal with no significant atherosclerosis present. No pulmonary artery thrombo-embolism is present. Are intact. There is no pulmonary thrombo-embolism.

ABDOMEN

16. **Peritoneal cavity:** There is no fluid in the peritoneal cavity and appears unremarkable.



Handwritten signature

17. **Stomach and contents:** Is intact and contains partially digested food.
18. **Intestines and mesentery:** Intact and unremarkable. The intestines are not opened.
19. **Liver, gall-bladder and biliary passages:** The liver is intact but shows autolysis with discoloration and loss in consistency. The surface of the liver appears smooth. There are no masses present.
20. **Pancreas:** Autolysed.
21. **Spleen:** The spleen is intact but shows autolytic changes.
22. **Adrenals:** Unremarkable.
23. **Kidneys and ureters:** The kidneys are intact but show autolysis with discoloration and loss of consistency.
24. **Urinary bladder and urethra:** Unremarkable.
25. **Pelvic walls:** Are intact.
26. **Genital organs:** Normal male genitalia.

SPINE

27. **Spinal column:** Is intact. It was not opened.
28. **Spinal cord:** Not exposed.

SPECIMENS SENT FOR FURTHER INVESTIGATION

- A. Blood for alcohol content determination was withdrawn from the femoral vessels with a syringe and transferred to a bottle which had been removed from a polystyrene container, after a plastic seal no **PMK070100** was cut. Both the tube and the container were marked **DR572/2012**. After placing the bottle into the polystyrene container, the container was resealed with a new piece of plastic with seal no **PMK070099** and handed to Forensic Officer B Mogakane.
- B. **TOXICOLOGY:** Stomach contents, blood from the thorax, urine and liver were placed in a plastic box. The box was handed to Forensic Officer B Mogakane and sealed with number **TX011776**.
- C. Buccal and blood swabs for **DNA** analysis were taken with reference number **PA5000486913** and handed to Forensic Officer B Mogakane.

EXHIBITS:

- A. The **bullet fragments** were placed in plastic container which was labeled and sealed in an evidence collection bag with reference number **FSB-1050958** and handed to Forensic Officer B Mogakane.
- B. The clothes were collected in an evidence collection bag with reference number **FSG-**

394884.

ADDITIONAL OBSERVATIONS:

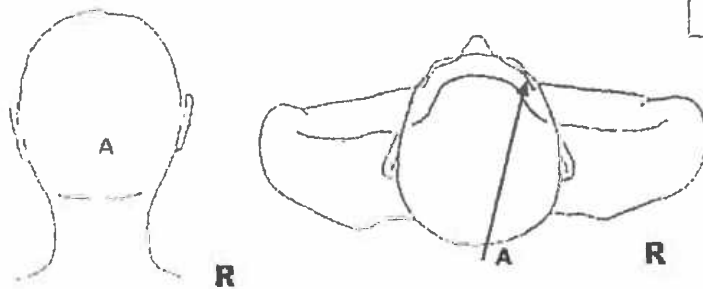
- A. The thoracic organs (lungs and heart) were placed in a plastic container with reference number 10642809, number 24 from 46 for analysis.
- B. BI 1663 Death Notification form A07501069 was completed.

THE FOLLOWING OFFICIALS WERE PRESENT AT THIS AUTOPSY:

- A. Dr. M du Plessis, a registrar at Ga-Rankuwa FPS, scribed and assisted with collection of evidence.
- B. Dissectors were: Mr. T. P Gaawakgomo (Forensic Officer Phokeng: dissector), Mr. D. Makabe (Forensic Officer Phokeng: dissector), Mr. P. M. Mokgosi (Forensic Officer Phokeng: dissector), and Mr. J. Tiem (Forensic Officer Phokeng: dissector).
- C. Lt. Col. L.W Visser (Forensic Science Laboratory: Ballistics/Photographer).
- D. Const. M. I Motlout (LCRC Brits: Photographs).

DIAGRAM

Diagram of the bullet wound described in paragraph 4.



Arrow indicates the direction of the bullet.

Handwritten signature

DEATH REGISTER NO DR N. PHOKENG 572/2012

000168(a)

The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution.

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

[Handwritten signature]

Dr K K. Hlase (MBChB, DTM&H, Cert. Med & Law, Dip. For. Med, FC For. Path)
Head of Clinical Unit (Medical), Ga-Rankuwa FPS, and Acting HOD/ Senior Lecturer
Forensic Pathology DPT, Medunsa Campus of University of Limpopo.

Place: Ga-Rankuwa (FPS)

Date: 19/09/2012

I certify that the deponent has acknowledged that he knows and understands the contents of this declaration which was sworn to before me and the deponent's signature was placed thereon in my presence.

[Handwritten signature]

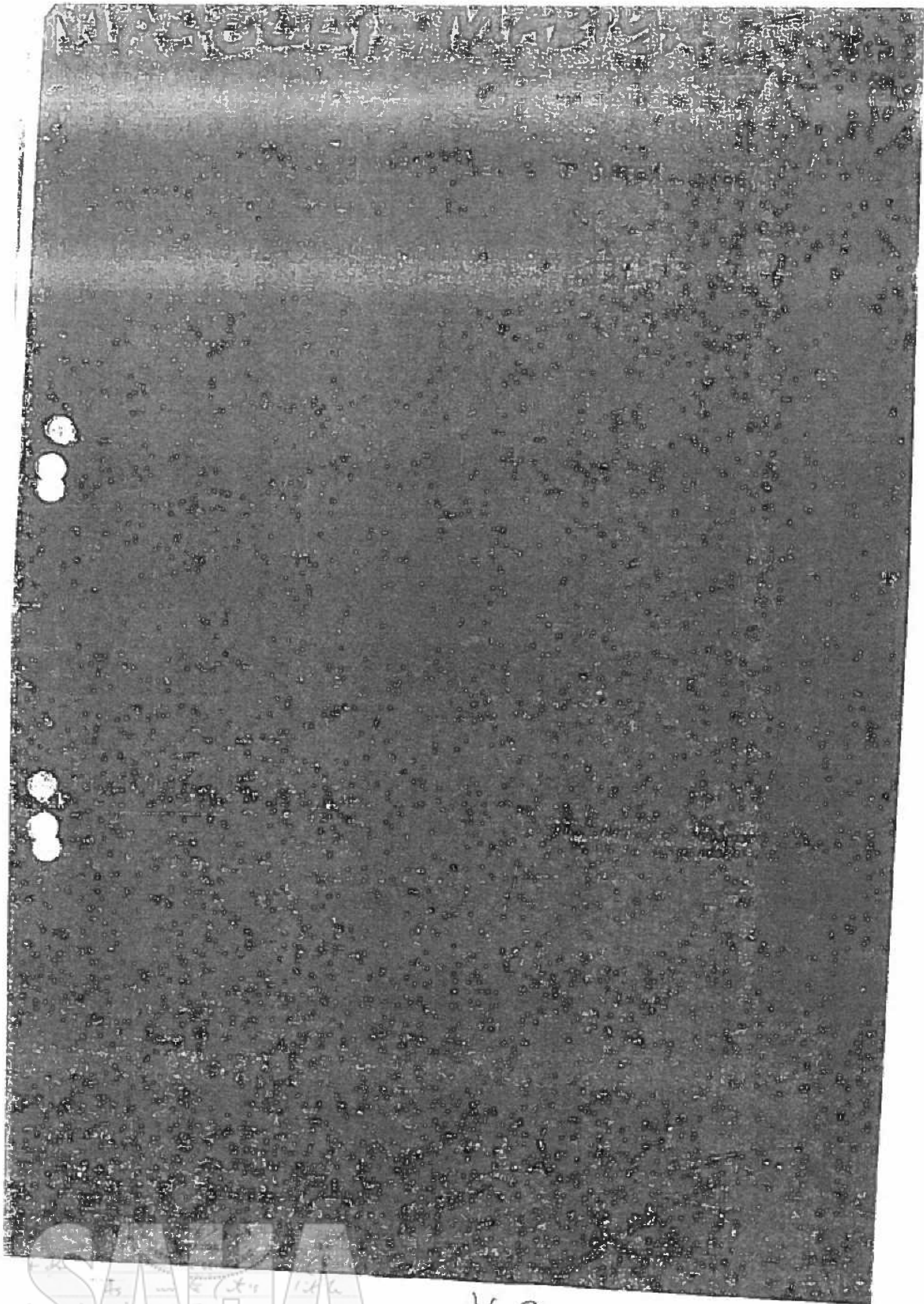
COMMISSIONER OF OATHS

Full Name (in BLOCK letters): *P. M. Mphahlele*

Business Address (In BLOCK Letters):
Medico-Legal Laboratory
Ga-Rankuwa Hospital
Box 117 (Room SB 28)
MEDUNSA
0204

Designation (Rank): *A.D.* (Department of Health)





ARCHIVE FOR JUSTICE

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50078

POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL
POLICE REPORT ACCOMPANYING BODY TO MORTUARY

1/2

SAPD 13 Nr Lyk Nr
 SAPS 13 No Body No. **572/12**

Naam van lid/persoon van wie lyk ontvang word
 Name of member/person from whom body is received

Nommer, rang en naam van lid wat lyk ontvang
 Number, rank and name of member receiving body

Volle naam en adres van oortedene
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
 ID No :

Wit White	Swar Black	Bruin Brown	Asiër Asian	Mantlik Male	Vroulik Female
--------------	---------------------------	----------------	----------------	-----------------------------	-------------------

In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood **2012 / 08 / 16** Plek van dood **KANDELKOP**
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist	
Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned		
Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody				

Volledige geskiedenis
Full history





FOLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL
POLICE REPORT ACCOMPANYING BODY TO MORTUARY

1/2

SAPD 13 Nr Lyk Nr **572**
SAPS 13 No Body No **12**

Naam van lid/persoon van wie lyk ontvang word
Name of member/person from whom body is received

Nommer, rang en naam van lid wat lyk ontvang
Number, rank and name of member receiving body

Volle naam en adres van oorledene
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	Swart Black	Bruin Brown	Asiër Asian	Manlik Male	Vroulik Female
--------------	----------------------------	----------------	----------------	----------------------------	-------------------

In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood **2012 / 08 / 16** Plek van dood **KANDIEKOP**
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist
--------------------------------	----------------------	------------------------	--------------------------	----------------------	--------------------------------

Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
----------------------	-----------------------	---------------------	----------------	------------------	--	----------------

Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned
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Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody
---	--	--

Volledige geskiedenis
Full history





SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

*Station/Government Mortuary Phokery *CAS/CR/Serial No. De 572/11

In printing

Identity number *an/a *adult/minor *White/Black/Asian/Coloured

*male/female residing at *State under oath/confirm

On 08/2012 at the Government Mortuary, Phokery

I identified the body of a *White/Black/Asian/Coloured *male/female to *medico legal assistant

as being that of MAADLISI MABIYA

Particulars of deceased:

1. Identity number 2. Date of birth 1983/11/20

3. Residential address Village Idutywa

4. Employed at Karoo Mine

5. Relationship to deponent 6. Marital status Single

7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other relative

"The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."

- 1. I know and understand the contents of this declaration.
2. I have objection/no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding/not binding on my conscience.

Signature/thumb print/mark

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at Phokery (place) on 08/2012 (date) at (time).

(Signature) Commissioner of Oaths

Full first names and surname Briefs

Business address (Street address of Police Station) Phokery

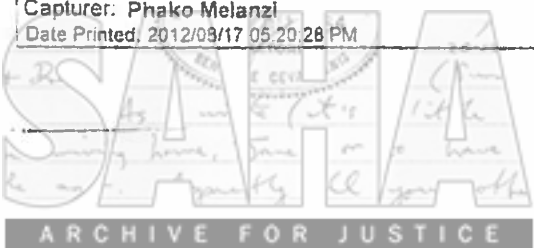
Designation (rank) Manager South African Police Service

*Delete and initial words not applicable.





<p>Surname: MABIYA</p> <p>Other Names: MAFOLISI</p> <p>Gender: MALE</p> <p>Father's Name: KHOYULWANE MABIYA</p> <p>Mother's Name: NO SAGEANE MABIYA</p> <p>Spouse's Name:</p> <p>Chief / Headman: SOLINZIMA</p> <p>Country: SOUTH AFRICA</p> <p>District: IDUTYWA</p> <p>Language: XHOSA</p> <p>Religion: ZION CHRISTIAN CHURCH</p> <p>Home Address: MZIKITHI VILLAGE</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>IDUTYWA</p> <p>5000</p> <p>Living out / Mine Accommodation: 07 00</p> <p>[REDACTED]</p> <p>Emergency Contact: MARIKANA</p> <p>MARIK</p> <p>NO SAGEANE MABIYA</p> <p>Death Beneficiary: NO SAGEANE MABIYA</p> <p>Beneficiary Relation: MOTHER</p> <p>Beneficiary Address: MZIKITHI</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>IDUTYWA</p> <p>5000</p> <p>Beneficiary Contact: 0839426322</p>	<p>Employer: KAREE MINE 596</p> <p>Site: 000173</p> <p>KAREE MINE 596</p> <p>Industry No: Z2556640</p> <p>Office: TOM KAREE 0596</p> <p>Serial Number: 1082 Year: 2012</p> <p>Company No: 751907</p> <p>Occupation: ROCK DRILL OPERATOR</p> <p>Passport No:</p> <p>Passport Expiry Date:</p> <p>Identity No: (Did not Pass validation) [REDACTED]</p> <p>Date of Birth: 1983/11/20</p> <p>Marital Status: SINGLE</p> <p>Dependents: 0</p> <p>Education Std Attained: STD 8 / GRADE 8 PASSED</p> <p>Qualification</p> <p>BET Numeracy Qualification</p> <p>ABET Literacy Qualification</p> <p>Agreement Period (Weeks): 52</p> <p>Agreement Expiry Date: 2013/05/01</p> <p>Experience: 458 - EX LEAVE</p> <p>Industry Certificate No: GEN42418</p> <p>Type of Employment: Underground</p> <p>Employee's Signature or Mark</p> <p>NOT AVAILABLE</p> <p>572</p>
<p>Previous Agreement</p> <p>Office: TOM KAREE 0596</p> <p>Serial Number: 1714 Year: 2009</p> <p>No. of Weeks of last agreement: 52</p> <p>Date of last discharge: 2012/04/30</p> <p>Last Employer: TRIPLE M MINING (PROPRIETARY) XPW</p>	<p>Endorsements, Vaccinations etc.</p>
<p>I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining industry officials for possible employment.</p> <p>The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and ID number with its own database and that held by the Department of Home Affairs.</p> <p>Capturer: Phako Melanzi</p> <p>Date Printed: 2012/03/17 05:20:28 PM</p>	



000174

12-12-12
NO = 03

000175



000176

572

PK ~~572~~

NO = 08
12



ARCHIVE FOR JUSTICE



DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/52/2012

MINE: KAREE MINE Code: 596

INDUSTRY Number : Z2556640		DATE OF REPORT: 2012/08/17	
DECEASED'S PARTICULARS			
FIRST NAME: MAFOLISI		DATE OF DEATH : 2012/08/16	
SURNAME : MABIYA		CAUSE OF DEATH: UNNATURAL CAUSES	
ID/PASSPORT NO: [REDACTED]		PLACE OF DEATH: WONDERKOP	
COY. NO : 751907		MINE ACCIDENT? N/A	
SERIAL : 1082/0596		REPORTED BY: JONES MARUPING	
OFFICE : IDUTYWA		REPORTED TO: TRACY COETZEE	
DEPENDANT / BENEFICIARY			
NAME : NO SAGEANE		ADDRESS : [REDACTED]	
SURNAME : MABIYA		[REDACTED]	
KINSHIP: MOTHER		IDUTYWA	
NAME OF TRUSTEE:			
NO FUNERAL ADVANCE AUTHORISED			
PAY TO : NO PAYMENT AUTHORISED		Amount : 0.00	
PAYMENT AUTHORISED BY:			
COMMENTS:			
FOR TEBA USE ONLY			
CASH AND BANK PARTICULARS			
THE FOLLOWING TO BE REFLECTED ON CASH AND BANK			
ACCOUNT NO. 77162/0050			
TRANSACTION DESCRIPTION: C596-52-2012			
PAYMENT EXPIRY DATE: 30 DAYS			
SIGNATURE _____ OR		L.T.P	
WITNESS _____			

NB.: URGENT REPLY BY RURAL OFFICE:

Please supply the following information by return e-mail / fax within 24 Hours of receipt of this e-mail / fax:

Date reported to Family: Time:

To whom reported: To whom reported (Name & Designation):





TEBA Limited
RSA Reg. No 1902/001680/05

Conditional Agreement of Service

Registration Date: 2012/05/02

Surname:	MABIYA	Employer:	KAREE MINE	596
Other Names:	MAFOLISI	Site:	KAREE MINE	596
Gender:	MALE	Industry No:	Z2556640	
Father's Name:	KHOYULWANE MABIYA	Office:	TOM KAREE	0596
Mother's Name:	NO SAGEANE MABIYA	Serial Number:	1082	Year: 2012
Spouse's Name:		Company No:		751907
Chief / Headman:	SOLINZIMA	Occupation:	ROCK DRILL OPERATOR	
Country:	SOUTH AFRICA	Passport No:		
District:	IDUTYWA	Passport Expiry Date:		
Language:	XHOSA	Identity No: (Did not Pass validation)		
Religion:	ZION CHRISTIAN CHURCH	Date of Birth:		1983/11/20
Home Address:	MZIKITHI VILLAGE ██████████ ██████████ ██████████ IDUTYWA 5000	Marital Status:		SINGLE
Living out / Mine Accommodation:	07 00 ██████████ ██████████ MARIK	Dependents:		0
Emergency Contact:	NO SAGEANE MABIYA ██████████	Education Std Attained:		STD: 8 / GRADE 8 PASSED
Death Beneficiary:	NO SAGEANE MABIYA	Qualification:		ABET Numeracy Qualification
Beneficiary Relation:	MOTHER	ABET Literacy Qualification:		
Beneficiary Address:	MZIKITHI ██████████ ██████████ IDUTYWA 5000	Agreement Period (Weeks):		52
Beneficiary Contact:	0839428527	Agreement Expiry Date:		2013/05/01
Previous Agreement		Experience:		458 - EX LEAVE
Off.:	TOM KAREE	Industry Certificate No:		GEN42418
Serial Number:	1714	Type of Employment:		Underground
Year:	2009			
No. of Weeks on last agreement:	52			
Date of last discharge:	2012/04/30			
Last Employer:	TRIPLE M MINING (PROPRIETARY) XPW			
Endorsements, Vaccinations etc.				

Employee's Signature or Mark

I accept and agree that my medical exit certificate and radiological reports will be owned by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to relevant industry officials for possible employment.

The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees TEBA Limited may at any time verify his/her fingerprints and ID number with its database and, that held by the Department of Home Affairs.

Authoriser: Phako Melanzi
Printed: 2012/08/17 05:20:28 PM

NOT AVAILABLE

572



Employee number 00751907 Find

Employee : 00751907 - Mabiya M (Mafolisi)

Acting Occupation

- General
- Personnel
- Vehicles
- Certificates
- Service history
- Parades
- Allowances

Employee 00751907

Surname Mabiya

Initials M

First name Mafolisi

Id number [REDACTED]

Department K31340201D10C0

Occupation Operator Rock Drill

Category K3 Shaft

Contractor



- Access
- Pay history
- Post dates
- Additional
- Mining
- Biometrics

Acquire Print badge Edit Close



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for Bar Code



9999

• Must be completed in black ink (please tick where applicable) SERIAL No:

• Please refer to instructions

FILE No: DE 572/12 DATE: 2012-08-22 A07501069

A PARTICULARS OF DECEASED INDIVIDUAL / **STILLBORN CHILD**

Identity number of deceased: [REDACTED] Date of death: [REDACTED]

Date of birth: 1983 11 20
Age at last birthday: 28 years
Sex: MALE
If death occurred within 24 hours after birth number of hours alive: [REDACTED]

Surname: MABIYA
Maiden Name (If female): [REDACTED]
Forenames: MAFOLISI

MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed
Religious Law Marriage Divorced Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): [REDACTED]
PLACE OF DEATH (City / Town / Village): [REDACTED]
PLACE OF REGISTRATION OF DEATH: [REDACTED]
CIVIL STATUS OF DECEASED: [REDACTED]

B PARTICULARS OF INFORMANT

Identity number: [REDACTED]
Initials and Surname: [REDACTED]
Relationship to deceased: Parent Spouse Child Other kin Other (specify)
Postal address: [REDACTED] Postal Code: [REDACTED]
Was the next of kin of the deceased a smoker during the past five years? Yes No Refuse to answer
Date: [REDACTED] Signature: [REDACTED]

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: [REDACTED]
Designation No.: [REDACTED] Place of burial / cremation: [REDACTED]
Date: [REDACTED] Signature: [REDACTED]

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.

Initials and Surname: [REDACTED] Date Signed: [REDACTED] Signature: [REDACTED]

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medico-legal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:

Natural (Cause of Death as indicated in Section G) Unnatural Under investigation

Initials and Surname: KK HLAISE
Place of post-mortem: CARANKUWA Date: 2012 08 22
Reference: DE 572/2012 Date signed: 2012 08 22

FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued: [REDACTED]
Initials and Surname of Registrar: [REDACTED]
Force No./ Designation No.: [REDACTED]
Postal address: [REDACTED]
Postal: [REDACTED]
Personal No.: [REDACTED]



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for Bar Code

• Must be completed in black ink (please tick where applicable) SERIAL No.

• Please refer to instructions
FILE No: DE 572/12 DATE: 2012-08-22 A07501169

A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased: [REDACTED] Date of death: [REDACTED]

Surname: MABIYA

Maiden Name (If female):

Forenames: MAFOLISI

Date of birth: 1983 11 20

Age at last birthday: 28 years

Sex: MALE

If death occurred within 24 hours after birth number of hours alive: [REDACTED]

MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed
Religious Law Marriage Divorced Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad):

PLACE OF DEATH (City / Town / Village):

PLACE OF REGISTRATION OF DEATH:

CITIZENSHIP OF DECEASED

B PARTICULARS OF INFORMANT

Identity number: [REDACTED]

Initials and Surname: [REDACTED]

Relationship to deceased: Parent Spouse Child Other kin Other (specify)

Postal address: [REDACTED] Postal Code: [REDACTED]

Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer

Date: [REDACTED] Signature: [REDACTED]

Left thumb print of deceased

Left thumb print of informant

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: [REDACTED]

Registration No.: [REDACTED] Place of burial / cremation: [REDACTED]

Date: [REDACTED] Signature: [REDACTED]

Office Stamp of Funeral Undertaker

1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.

I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.

Initials and Surname: [REDACTED]

Date Signed: [REDACTED] Signature: [REDACTED]

Postal address: [REDACTED]

Postal Code: [REDACTED]

SAMDC / SANC Reg. No.: [REDACTED]

2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer used for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:

Natural (Cause of Death as indicated in Section G) Unnatural Under investigation

Initials and Surname: KKHLAISE

Date of mortem: 2012 08 22

Signature: [REDACTED] Date signed: 2012 08 22

Postal address: 543 KOTLENI STR
GAEANKUWA

Postal Code: 0208

SAMDC Reg. No.: 03636497

Signature: [REDACTED]

OR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued: [REDACTED]

Force No./ Designation No.: [REDACTED]

Office Stamp



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Space for Bar Code

000192

Must be completed in black ink (please tick where applicable)
 Please refer to instructions
 FILE No: DR 512/12 DATE: 2012-08-22 SERIAL No. A07501069

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH 1. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. Home 4. Other (Specify)

FACILITY NAME: (If not an institution, give street name and number)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)
 Street name and number
 Name of Plot, Farm, etc.
 Subvillage
 City
 Country
 Postal Code
 Magisterial district
 Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTCI	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
------	-----	-----	-----	-----	-----	-----	-----	------------------	------------------	---------------------------	---------------------------	---------------------------	--------------	------

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired").

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc) Refer to instructions.

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) GUNSHOT WOUND OF THE HEAD UNKNOWN

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

(b) _____ Due to (or a consequence of)

(c) _____ Due to (or a consequence of)

(d) _____ Due to (or a consequence of)

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? () Yes No

If stillborn, please write mass in grams

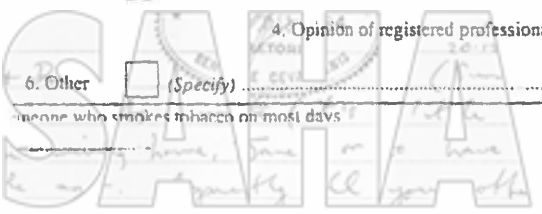
Do you consider the deceased to be: African White Indian Coloured Other (Specify)

Method of ascertainment of cause of death:

1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty

4. Opinion of registered professional nurse 5. Interview of family member

6. Other (Specify)



REGISTER OF DEATH / STILLBIRTH
INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Space for Bar Code

• Must be completed in black ink (please tick where applicable) SERIAL No: 000193
 • Please refer to instructions
 FILE No. PR 572112 DATE: 2012 08 22 A07501069

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH: 1. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. Home
 4. Other: (Specify)

FACILITY NAME:
 (If not an institution, give street name and number.....)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number

Name of Plot, Farm, etc.

Suburb / Village

Town / City

Province / Country

Postal Code

Magisterial district

Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired".) TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)
 Refer to instructions.

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY
ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) CUNEHOT WOUND OF THE HEAD

UNK NOWN

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

(b) _____
Due to (or a consequence of)

(c) _____
Due to (or a consequence of)

(d) _____
Due to (or a consequence of)

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? () Yes No

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify) _____

Method of ascertainment of cause of death:

1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty
 4. Opinion of registered professional nurse 5. Interview of family member

6. Other (Specify) _____

Someone who smokes tobacco on most days



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DE 572/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MANUPELA declare under oath:-

000194

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-27 received the following exhibit (s): ALC

Ch

From DR F. O. Motlale

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the GAB officer

REF: PN 3836/12

The ALC was sealed with the official seal no Link 070599

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Epl

S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/12 M. M. Molofo
C.F.O

NAME : MARLOU ZACHARIA MOLOFO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 000195

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, [Signature] declare under oath:-

000195

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-05-21 received the following exhibit (s): pic

Ch

From DR [Signature]

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-05-21 I handed the above exhibit (s) to the [Signature] officer

REF: [Signature]

The [Signature] was sealed with the official seal no. [Signature]

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/05/20 [Signature] C.F.O

NAME : MITLOU ZACHARIA MITLOU
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DR 572/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 00006

I, E MALIPEVA declare under oath:-

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-21 I received the following exhibit (s): Toxicology

From FO DR MUGAKANE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF: IX 2442/12 - IX 2445/12

The Tox was sealed with the official seal no IX 811776

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10
[Signature] M2 M0 L070
C.F.O

NAME : MALLOY ZACHARIA M0L070
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
 RANK : CHIEF FORENSIC OFFICER





Forensic Pathology Service: GA-R

GA: POST-MORTEM NO: DR PHOKENG 572/12

AFFIDAVIT IN TERMS OF SEC

(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLO

declare under oath:-

I am a Chief Forensic Officer
Pathology Service GA-RANKUWA

Gauteng Department of Health, stationed at Forensic

In the performance of the my official
I received the following Bullet(s) fr

connection therewith and on 2012 / 08/ 22
PHOGAKANE

1. Two bullets fragments with

id seal no (fsb1050958)

While the bullet(s) was in my posse
not interfered with.

control, it was kept in safe custody, seal kept intact and

On 2012 / 08 / 28 I hand

the bullet(s) to SAPS Photographer

No 7184464-3 Rank C87

Name M. I. Molodtsov

M. I. Molodtsov
7184464-3
M. I. Molodtsov
SIGNATURE OF P/OFFICER

1. I know and understand the c
2. I have no objection to taking
3. I consider the prescribed oat

1. this declaration.
2. prescribed oath.
3. acting on my conscience.

Place: FPS Ga-Rankuwa

M. I. Molodtsov
102 110070
Signature of Chief Forensic Officer

I certify that the deponent has ackn
declaration which was sworn to bet
presence.

that he/she knows and understands the contents of this
the deponents signature was placed thereon in my

Place: Ga-Rankuwa FPS
Date: 20/08/2012

(Signature)

NAME : LUCAS ME
ADDRESS : 6543 KGOTI
RANK : ASSISTA

A MAHLANGU
REET, GARANKUWA
CTOR

Post Mortem Toxicology Referral Form (PLEASE PRINT CLEARLY IN ENGLISH)

Mortuary Reference (DR, P# or W#)	PHOKENG 572/12	Priority Status:	Urgent: <input checked="" type="checkbox"/>	Routine: <input type="checkbox"/>	000189
Case number	137/08/12	If URGENT , please provide reason			
SAPS station	MARIKANA				
Date of specimen collection	2012/08/22				
Time of specimen collection	15:30				
Date of death					

Was the deceased hospitalized before his/her death? Yes No

If YES, please indicate the following:
 Length of hospitalization:

Were toxicological analysis performed On blood in hospital? Yes No Unsure

If YES, please list results:

Were any drugs administered during admission in hospital? Yes No Unsure

If YES, please list drugs:

Clinical History	Age	28	Race	B	Sex	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
Circumstance of death:	Suicide	Homicide	MVA	Unknown	Other		

Please provide relevant facts in the history

Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

DEPT. OF HEALTH
 27 AUG 2012





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 572/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22

I received the following sample(s) from FO MOCRAKHE

One DNA swab specimen(s)

While the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 20 08 / 30 I handed the above specimen(s) to the investigating officer
No 90644310 Rank PT Investigator Name Eronce Motswagole

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486913)

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature]
Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2008 / 30

[Signature]
(Signature)

NAME : LUCAS MENZELWA MAHLANGU
ADDRESS : 6543 KGOTLENG STREET, GARANKUWA
RANK : ASSISTANT DIRECTOR